| Learning Conversation Notes   |  |
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| Name of Partner:  | Date:  |
| Kings Beach Family Resource Center  | 11/16/05   |
| Number of Families with Children 0-5 and Children 0-5 Served:  Advocacy: (*comprehensive and *non- comprehensive): Families, 122. Children, 195 Advocacy: (Health Families, MediCal): Families, 37. Children, 70  Definitions: Comprehensive Cases: Family Advocates support families identify strengths and needs, set goals, help coordinate services. Smart Outcome Forms used.  Non-comprehensive Cases: Contacts that do not require negation/coordination of services. No Placer Outcome Screen Forms used. | Ages: Advocacy (comprehensive and non-comprehensive): ∠1: 27 Age 1:38 Age 2: 23 Age 3: 48 Age 4: 23 Age 5: 36 Advocacy (Health Families, MediCal): ∠1: 6 Age 1: 19 Age 2: 8 Age 3: 17 Age 4: 5 Age 5: 15   |
| When Served:<br>March 24-October 31, 2005   | Gender: Advocacy (comprehensive and noncomprehensive): Total: 101 girls, 94 boys Advocacy (Health Families,MediCal): Total: 39 girls, 31 boys  Ethnicity: Advocacy (comprehensive and noncomprehensive): 8 Anglo, 181 Hispanic, 7 Other (Asian, African-American) Advocacy (Health Families,MediCal): 0 Anglo, 70 Hispanic |

Conversation Participants: Alison Schwedner (KBFRC/CCTT), Heidi Kolbe (First 5), Don Ferretti (First 5), Kathryn Dunning (KBFRC), Nancy Bagget (First 5), Barbara Hopkins (Sierra Family Services), Kathleen McHugh (KB School Readiness), Cristin Wilcox(KBFRC), Maria Bernal (KBFRC), Betsy Dobbing (KBFRC), Sarah Coolidge (KBFRC), Christy Parsons (Tahow Women's Services), Cris Hennessey (KBFRC), Gail Tondettar (PCHHS), Syliva Ambriz (KBFRC), Kim Bradley (Facilitator), Seana Doherty (Recorder)

## **Outcomes:**

- Families with children 0-5 served by the Kings Beach Family Resource Center are raising healthy children
- A sustainability plan (including financials and social capital) will exist for the KBFRC

## **Performance Measures:**

- Demographics
- Placer Outcomes Screening Form
- Stories and Pictures
- A FRC Board approved sustainability plan

# What is this data telling us about achievement of outcomes?

Demographic information:

Advocacy Services: Comprehensive and non-comprehensive services:

High number of age 1 and 3 being served

High number of boys

Tremendous amount of Hispanics served

Increased service to Anglo population

New services to "other" population including Asians, African-American, Native American More comprehensive services to boys than girls. →could point to research that boys are more demonstrative. Quiet girls could have issues but are harder to read

Trying to increase numbers of services to Anglo's through new programs

Conversations started around aggressive behavior, specific to boys under 7, using PCIT (Parent Child Interactive Therapy) information

The numbers show that services could be deeper if time permitted, especially with the 0-5 population

The end goal is not to have cases in comprehensive but to move families into an autonomous, non-comprehensive mode

Infant childcare is a need (0-1)

There is lack of 2 year olds represented because they age-out of perinatal services, hard for the FRC to stay in touch during this period

FRC works closely with the local preschool programs (Headstart, Early Headstart, State Preschool) to encourage participation

All of the 3-4 year olds in the comprehensive data are enrolled in a preschool program Strategies to encourage children to enroll in preschool is working *Healthy Families & Medi-CAL:* 

None of the Anglo's getting these services → could be that the Anglo's don't need assistance with applying for these two programs

FRC doing a good job screening families for health care needs (30% of families being served currently—high number)

Observation: people using this program have 2 children under  $5 \rightarrow$  may point to the reason they are seeking support

# What is this data telling us about achievement of outcomes? (Con't)

Placer Outcomes Screening Form:

Comments re: over-all data from Outcomes Form:

Indicators #17-20 (parent caregiver) biggest improvement. Programs for parents currently support this

Families are coming in higher on the scale

By eliminating the rating of one the data may be affected

Family scores lower if they don't have health insurance on indicator #5

Observed: disconnect between 30% children receiving health insurance and yet scoring above four on indicator #5. This may be due to the fact that they are accessing other health resources or that we are comparing two different data sets (non-

comprehensive/comprehensive with comprehensive)

Indicator #6: Nutritious food. Comments re: 18 kids who improved:

18 children came in pretty high and improved, 4 declined, however indicator #6 scores may not have an impact on other indicators

Programs at KBFRC, in partnership with Project MANA reason for success Observations:

Indicator #11 re: safe home is not going up as would be expected with increases in #6 Domestic violence is impacting the progress of stability in the home

Families struggling with nutrition are still struggling with crisis

People are coming in as three's because they are well-connected with other services.

Correlation between the parent well-being and the nutrition, both move together.

6 out of 18 families have a history of domestic violence

Indicator #6 is directly affected by #11 & #17.

RE: 2 families, 4 children who are not doing well on indicator #6:

Correlation between nutrition and other indicators

# Indicator # 11: Providing safe home

Observation: safe, stable attainable but nurturing more challenging. Nurturing may be holding scores back

Observation: Seeing a jump in #19 (positive parenting), would have expected that there would be an increase in #11 (safe home)

14 of 22 increased, 8 declined. All stared high

Indicator #11 an anchor indicator

Correlation between parent-caregiver indicators, they go up with indicator 11 When 11 is up, none of the other indicators decrease and healthy indicators go up Nutrition score stay around 3-4 because clients use food assistance services but does not indicate that nutrition isn't strong

Scores around 11 went up because of: family team process, home safety information, close relationship with partners, lots of peer counseling

# <u>Peri-natal Collaboration with Tahoe Forest Hospital: Comenzando Bien & Special</u> Delivery

Learning: after pregnancy there is a different set of needs a parent may need

## Sustainability Plan update:

3 fundraising events, private donations, other grants will all support on-going 0-5 programs

Over-all goal \$275,000 per year

1/3 of goal raised which is ahead of schedule

A plan is currently in place and aggressively being implemented

Social capital is increasing through on-going and new partnerships

# In what ways will we apply what we have learned from our data?

Explore the need to stay in touch with the 2 year old population

Education around age and gender-appropriate behavior, may be helpful for staff & parents receiving/giving services at the FRC

Consider doing Healthy Family/Medi-CAL applications as a group rather than one-on-one. Good way to reach more people

Relook at scoring methodology on Outcome Screening Form as an agency

Idea: Staff to go back and correct the initial screening once more information is learned to get a more accurate picture of true needs

Staff training/education re: childhood obesity, nutrition and diabetes for staff to better approach parents on these issues

Work with parents to be more self-reliant in applying knowledge about nutrition (even if getting food assistance)

Indicator #11 is a good indicator to look at the next Learning Conversation to make assumptions around over-all success around outcomes

Re: rating an infant, staff to contact Michael at ECRSP (Early Childhood Relationship Support Project)

## Other points that were made during the conversation:

Other activities reflected: Movie Night, Harvest Festival, antidotal stories of success that show FRC is reaching more families than shown in the data (better balance of Anglo's/Latino families)

Comment: relationship between FRC staff and CSOC/probation is leading to more and deeper end referrals across all age groups

Comment: As staff increase relationships with-in the community, deeper-end cases come up

Comments: Increased efforts in the community around drug use awareness are increasing deeper end referrals to the KBFRC across all age groups

## Next Steps:

Implement new demographic collection tool required by First 5 Next Learning Conversation: April 27, 2006, 9:30-1pm